



242 State House
200 West Washington Street
Indianapolis, Indiana 46204

PH: 888-860-6242
FX: 317-233-1780
www.trustindiana.in.gov

Account Registration Form

The undersigned officer specified in IC §5-13-9-1 of a unit of government of the State of Indiana (the "Participant"), does hereby request that the Treasurer of the State of Indiana (the "Treasurer") establish an account for the benefit of the Participant within the local government investment pool (the "Pool") established pursuant to IC §5-13-9-11(b). By executing and delivering this Account Registration Form and the accompanying Data Form, the Participant agrees that the account so established will be subject to and bound by the policies established from time to time by the Treasurer pursuant to IC §5-13-9-11(g).

The undersigned hereby certifies that the undersigned is the officer of the Participant authorized by IC §5-13-9-11(c) to pay the funds of the Participant into the Pool and agrees to notify in writing the Administrator of the Pool designated by the Treasurer if such officer shall change.

Participant Execution Date: ____ / ____ / ____

By: _____

Name: _____

Title: _____



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LOCAL GOVERNMENT NAME (Participant): _____

ADDRESS: _____

CITY: _____ COUNTY: _____ ZIP: _____

TELEPHONE: (____) _____ FAX: (____) _____

The Administrator is hereby authorized to honor any written, telephone, faxed or electronic request, believed to be authentic, for payment of funds from the Pool. The payment proceeds can be sent only to the commercial bank indicated below or mailed to the name and address in which the account is registered, unless changed by written instructions to the Administrator. Each local government is responsible for notifying the Administrator of any changes to its account.

BANK NAME: _____

BANK ROUTING NUMBER (ABA): _____

ACCOUNT TITLE: _____

ACCOUNT NUMBER: _____

FINANCE OFFICER:

NAME _____

TITLE _____

SIGNATURE _____

E-MAIL ADDRESS _____

KEY CONTACT:

NAME _____

TITLE _____

SIGNATURE _____

E-MAIL ADDRESS _____

AUTHORIZED INDIVIDUALS:

NAME _____

TITLE _____

SIGNATURE _____

E-MAIL ADDRESS _____

NAME _____

TITLE _____

SIGNATURE _____

E-MAIL ADDRESS _____